

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034181

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77Primary Registration District No. 3016Registrar's No. 393

STATE FILE NUMBER

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY OR TOWN <u>Jefferson City, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Tweedie Footware</u>		d. STREET ADDRESS (If outside, give location) <u>1409 W Mc Carty</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS ADOLPH SCHULLER</u>		4. DATE OF DEATH Month Day Year <u>OCT 4, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/1/03</u>
9. AGE (last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	
11. IF UNDER 24 HR Hours <u>3</u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Schuller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Christine Loethen</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Marie Firner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. INFORMANT <u>MRS. EMMA SCHULLER</u>		Address <u>J C MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>None</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dead on viewing (under care of Dr. J. A. Osman, Jefferson City, Mo.)</u> Death occurred at <u>2:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Donald Shull M.D.</u>		22b. ADDRESS <u>521 E. High Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>Oct. 9, 1962</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10/8/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>	
23d. LOCATION (City, town, or county) <u>JEFFERSON CITY MO.</u>		23e. REGISTRAR'S SIGNATURE <u>R. Richter, Dep.</u>	
24. FUNERAL DIRECTOR <u>L. Richter</u>		25. DATE RECD. BY LOCAL REG. <u>9 October 1962</u>	
26. ADDRESS <u>J C MO.</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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OCT 16 1962

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DEC 6 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sylvester Diller

Licensed Embalmer No. 4381
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.